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WRITTEN ACKNOWLEDGMENT OF PRIVACY PRACTICES

Our Notice of Privacy Practices provides information about how we may use and disclose Private Healthcare Information about you. As provided in our notice, the terms of our notice may change. If we change our notice, you may obtain a revised copy.

I have read and/or received a copy of the Notice of Privacy Practices of Coffey & Cleaver and Boutique Wellness NC.

I have had an opportunity to read the Notice of Privacy Practices.

I understand that I may ask questions to Mary Coffey, R.Ph, CCN and Coffey & Cleaver if I do not understand any information contained in the Notice of Privacy Practices.

Patient Name (Please Print)

Patient Signature (or legal guardian) Date